TITLE: **Automatic Formatting and Validating of Text for a Markup Language Graphical User Interface**

INVENTOR: **Panagiotis Kougiouris and Chip Bering**

APPENDIX A

```
<HTML>
<HEAD>
<LINK REL="stylesheet" TYPE="text/css" HREF="BTHStyle.css">
<LINK REL="stylesheet" TYPE="text/css" HREF="DocumentStyle.css">
<LINK REL="stylesheet" TYPE="text/css" HREF="HCFAStyle.css">

<!-- yy here are some comments for testing purposes -->

<STYLE TYPE="text/css">
.INVALID {
      background:#FFFF00;
}
</STYLE>
<STYLE TYPE="text/css">
.INVALIDORANGE {
      background:#FFC800;
}
</STYLE>
<TITLE>New Claim</TITLE>
</HEAD>

<BODY>
<p>
<object id="hsDHTMLCtl" classid="clsid:17F34ED5-FB59-11D1-801A-
00201829472A"
align="baseline" border="0" width="0" height="0">
<PARAM NAME="ValidateOnKeyUp"  VALUE="1">
<PARAM NAME="InvalidClassName" VALUE="INVALID">
<PARAM NAME="ResetElementContentsOnSet" VALUE="1">
</OBJECT>


<p>
<object id="ClaimLineItem" classid="clsid:E9269B8C-F688-11D1-A14B-
00104B36B604"
align="baseline" border="0" width="0" height="0">
</object>
</p>

<TABLE BORDER=0 CELLSPACING=3 CELLPADDING=0 WIDTH=100% >
      <TR STYLE="padding-top:12px;">
            <TD COLSPAN=4 CLASS="header">Admission</TD>
            <TD></TD>
            <TD></TD>
      </TR>
      <TR>
            <TD WIDTH=32></TD>
            <TD   COLSPAN=2>Admission Date</TD>
            <TD   COLSPAN=3 ID="htmlAdmitDate" HSDATASRC=#hsDHTMLRDS
HSDATAFLD="admit_date" HSTYPE=string HSSIZE=15></TD>
      </TR>
      <TR>
            <TD WIDTH=32></TD>
            <TD   COLSPAN=2>Length of Stay</TD>
            <TD   COLSPAN=3 ID="htmlLOS" HSDATASRC=#hsDHTMLRDS
HSDATAFLD="length_of_stay" HSTYPE=integer></TD>
      </TR>
      <TR>
            <TD WIDTH=32></TD>
            <TD  . COLSPAN=2>Admission Type</TD>
```

```
                    <TD   COLSPAN=3 ID="htmlTypeOfAdmit" HSDATASRC=#RDSMAIN
HSDATAFLD="admit_type_str" HSTYPE=string HSSIZE=30></TD>
        </TR>
        <TR STYLE="padding-top:12px;">
                <TD COLSPAN=6 CLASS="header">Clinical information and other
comments</TD>
        </TR>
        <TR>
                <TD WIDTH=32></TD>
                <TD COLSPAN=5>
                <SPAN ID="htmlClinicalInfo"
                HSDATASRC=#RDSMAIN HSDATAFLD="description" HSTYPE=string
HSSIZE=400></SPAN>
                </TD>
        </TR>
</table>
<FORM>

<TABLE BORDER=0 CELLSPACING=3 CELLPADDING=0 WIDTH=100%>
<TR VALIGN=TOP>
        <TD>
                <TABLE CELLPADDING=0 CELLSPACING=0 BORDER=0 WIDTH=100%
CLASS="titleDivider">
                <TR>
                        <TD CLASS="documentTitle" VALIGN=BOTTOM><SPAN
ID="htmlDocTitle">New Claim</SPAN></TD>
                        <TD ALIGN=RIGHT VALIGN=BOTTOM><SPAN
CLASS="documentTitle"> </SPAN> <SPAN ID="htmlDocNumber"></SPAN>
</TD>
                </TR>
                </TABLE>
        </TD>
</TR>
<TR VALIGN=TOP>
        <TD ALIGN=RIGHT>
                <!--
                The message is done as a DIV instead of a row in tblDocument
because rows take up
                vertical space even when hidden through CSS.
                -->
                <DIV ID="htmlLatestMsg" CLASS="msgPostIt"
STYLE="display:block;"><DIV ID="htmlMsgTitle"
CLASS="msgTitle"><P>Message</P> </DIV>
                <DIV ID="htmlMsgBody" CLASS="msgBody"></DIV><P><INPUT
TYPE=BUTTON ID="cmdMsgOK" VALUE=" OK ">    <INPUT TYPE=BUTTON
ID="cmdMsgOverride" VALUE=" Override "> </P>
                </DIV><P><SPAN ID="htmlDocStatus">Unsubmitted</SPAN>
        </TD>
</TR>
</TABLE>


<TABLE BORDER=1 WIDTH=100% CELLPADDING=5 CELLSPACING=0>
<TR>
        <TD COLSPAN=2>
                <TABLE>
                <TR>
                        <TD>
                                <DIV ID="htmlHeader2" CLASS="header">1.</DIV>
                        </TD>
                        <TD>Medicare
```

```html
                                <INPUT TYPE=CHECKBOX ID="chkMedicare"
HSTYPE="boolean" HSDATASRC="#hsDHTMLRDS" HSDATAFLD="chkMedicare">
                        </TD>
                        <TD>Medicaid
                                <INPUT TYPE=CHECKBOX ID="chkMedicaid"
HSTYPE=string HSDATASRC="#hsDHTMLRDS" HSDATAFLD="chkMedicaid"
VALUE=chkMedicaid>
                        </TD>
                        <TD>CHAMPUS
                                <INPUT TYPE=CHECKBOX ID="chkCHAMPUS">
                        </TD>
                        <TD>CHAMPVA
                                <INPUT TYPE=CHECKBOX ID="chkCHAMPVA">
                        </TD>
                        <TD>Group Health Plan
                                <INPUT TYPE=CHECKBOX ID="chkGroup">
                        </TD>
                        <TD>FECA Black Lung
                                <INPUT TYPE=CHECKBOX ID="chkFECA">
                        </TD>
                        <TD>Other
                                <INPUT TYPE=CHECKBOX ID="chkOther">
                        </TD>
                </TR>
                </TABLE>
        <TD><DIV ID="htmlHeader4" CLASS="header">1a. Insured's ID
Number</DIV>
        <INPUT HSTYPE="string" HSSIZE=11 HSFORMAT=usssn
HSDATASRC="#hsDHTMLRDS" HSDATAFLD="InsuredIdNumber" TYPE=TEXT
ID="InsuredsIDNum"></TD>
</TR>
<TR VALIGN=TOP>
        <TD valign=bottom><DIV ID="htmlHeader2" CLASS="header">2.
Patient's Name</DIV>
        <div class="textarea">
        <OBJECT ID="cmbPatient" WIDTH=160 HEIGHT=22 HSTYPE=string
HSFORMAT=name HSSIZE=10 HSDATASRC=#hsDHTMLRDS2 HSDATAFLD=PatientName
        CLASSID="CLSID:5C9B99EA-2D59-11D2-8E1C-00104B79DD7C">
                <PARAM NAME="VariousPropertyBits" VALUE="679495707">
                <PARAM NAME="DisplayStyle" VALUE="3">
                <PARAM NAME="Size" VALUE="5821;564">
                <PARAM NAME="MatchEntry" VALUE="1">
                <PARAM NAME="ShowDropButtonWhen" VALUE="2">
                <PARAM NAME="FontCharSet" VALUE="0">
                <PARAM NAME="FontPitchAndFamily" VALUE="4">
        </OBJECT></div> <IMG SRC="Find.gif" ID="imgFindPatient"></TD>
        <TD><DIV ID="htmlHeader3" CLASS="header">3. Patient's Birth
Date</DIV>
        <INPUT TYPE=TEXT ID="txtDOB" HSTYPE="Date" HSFORMAT=Date
HSDATASRC="#hsDHTMLRDS2" HSDATAFLD="PatientBirthDate" HSVALKEYUP=0>
        <INPUT NAME=MaleFemalePatient TYPE=RADIO ID="optMale"
HSTYPE=smallint HSDATASRC=#hsDHTMLRDS HSDATAFLD=PatientSex VALUE=0> M
        <INPUT NAME=MaleFemalePatient TYPE=RADIO ID="optFemale"
HSTYPE=smallint HSDATASRC=#hsDHTMLRDS HSDATAFLD=PatientSex VALUE=1>
F</TD>
        <TD><DIV ID="htmlHeader4" CLASS="header">4. Insured's Name</DIV>
<INPUT TYPE=TEXT ID="txtInsuredsName" HSTYPE=string HSFORMAT=Name
HSSIZE=10 HSDATASRC=#hsDHTMLRDS2 HSDATAFLD=InsuredName></TD>
</TR>
<TR VALIGN=TOP>
        <TD><DIV ID="htmlHeader5" CLASS="header">5. Patient's
```

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Address</DIV>
        <INPUT HSTYPE="string" HSFORMAT=usstreet HSDATASRC="#hsDHTMLRDS2"
HSDATAFLD="PatientAddress" TYPE=TEXT ID="txtAddress" ></TD>
        <TD><DIV ID="htmlHeader6" CLASS="header">6. Patient's Relationship
To Insured</DIV><INPUT TYPE=RADIO ID="optRelationshipSelf" SELECTED>
Self <INPUT TYPE=RADIO ID="optRelationSpouse"> Spouse <INPUT TYPE=RADIO
ID="optRelationshipChild"> Child <INPUT TYPE=RADIO
ID="optRelationshipOther"> Other</TD>
        <TD ><DIV ID="htmlHeader7" CLASS="header">7. Insured's
Address</DIV> <INPUT TYPE=TEXT ID="txtInsuredsAddress"></TD>
</TR>
<TR VALIGN=TOP>
        <TD><DIV ID="htmlHeader5b" CLASS="header">City, State</DIV> <INPUT
TYPE=TEXT ID="txtCity" HSTYPE="String" HSDATASRC="#hsDHTMLRDS2"
HSDATAFLD="PatientCity"> 
            <SELECT ID="cmbState" HSTYPE=string
HSDATASRC="#hsDHTMLRDS2" HSDATAFLD="PatientState">
        <OPTION VALUE=AL SELECTED>AL<OPTION>AK<OPTION>AZ<OPTION>AR<OPTION
value=ca >CA
        <OPTION value=CO>CO<OPTION>CT<OPTION>DE<OPTION>DC<OPTION>FL<OPTION
VALUE=GA>GA<OPTION>HI<OPTION>ID
        <OPTION>IL<OPTION>IN<OPTION>IA<OPTION>KS<OPTION>KY<OPTION>LA<OPTIO
N>ME<OPTION>MD
        <OPTION>MA<OPTION>MI<OPTION>MN<OPTION>MS<OPTION>MO<OPTION>MT<OPTIO
N>NE<OPTION>NV
        <OPTION>NH<OPTION>NJ<OPTION>NM<OPTION>NY<OPTION>NC<OPTION>ND<OPTIO
N>OH<OPTION>OK
        <OPTION>OR<OPTION>PA<OPTION>PR<OPTION>RI<OPTION>SC<OPTION>SD<OPTIO
N>TN<OPTION>TX
        <OPTION>UT<OPTION>VT<OPTION>VA<OPTION>WA<OPTION>WV<OPTION>WI<OPTIO
N>WY
        </SELECT>
        </TD>
        <TD ROWSPAN=2><DIV ID="htmlHeader8" CLASS="header">8. Patient's
Status</DIV> <INPUT TYPE=CHECKBOX ID="chkSingle"> Single <INPUT
TYPE=CHECKBOX ID="chkMarried"> Married <INPUT TYPE=CHECKBOX
ID="chkOther"> Other <BR>
                                        <INPUT TYPE=CHECKBOX
ID="chkEmployed"> Employed  <INPUT TYPE=CHECKBOX
ID="chkFullTimeStudent"> Full-time Student <INPUT TYPE=CHECKBOX
ID="chkPTStudent"> Part-time Student </TD>
        <TD><DIV ID="htmlHeader7b" CLASS="header">City, State</DIV> <INPUT
TYPE=TEXT ID="txtInsuredsCity"> 
        <SELECT
ID="cmbInsuredsState"><OPTION>AL<OPTION>AK<OPTION>AZ<OPTION>AR<OPTION
>CA
        <OPTION>CO<OPTION>CT<OPTION>DE<OPTION>DC<OPTION>FL<OPTION>GA<OPTIO
N>HI<OPTION>ID
        <OPTION>IL<OPTION>IN<OPTION>IA<OPTION>KS<OPTION>KY<OPTION>LA<OPTIO
N>ME<OPTION>MD
        <OPTION>MA<OPTION>MI<OPTION>MN<OPTION>MS<OPTION>MO<OPTION>MT<OPTIO
N>NE<OPTION>NV
        <OPTION>NH<OPTION>NJ<OPTION>NM<OPTION>NY<OPTION>NC<OPTION>ND<OPTIO
N>OH<OPTION>OK
        <OPTION>OR<OPTION>PA<OPTION>PR<OPTION>RI<OPTION>SC<OPTION>SD<OPTIO
N>TN<OPTION>TX
        <OPTION>UT<OPTION>VT<OPTION>VA<OPTION>WA<OPTION>WV<OPTION>WI<OPTIO
N>WY
        </SELECT>
</TR>
<TR VALIGN=TOP>
```

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      <TD>
              <TABLE><TR><TD><DIV CLASS="header">Zip Code</DIV>
              <INPUT HSTYPE="string" HSSIZE=5 HSFORMAT=usZipCode
HSDATASRC="#hsDHTMLRDS" HSDATAFLD="Zip" HSINVCLASS="INVALIDORANGE"
HSVALKEYUP=0 TYPE=TEXT ID="txtOtherInsZIP"></TD>
              <TD><DIV CLASS="header">Telephone</DIV>
              <INPUT HSTYPE="string" HSFORMAT=usphone
HSDATASRC="#hsDHTMLRDS" HSDATAFLD="Phone" HSINVCLASS="INVALIDORANGE"
HSVALKEYUP=0 TYPE=TEXT ID="txtOtherInsPhone" SIZE=15></TD><TR></TABLE>
</TD>
      <TD>
              <TABLE><TR><TD><DIV CLASS="header">Zip Code</DIV>
              <INPUT HSTYPE="string" HSFORMAT=usZipCode
HSDATASRC="#hsDHTMLRDS" HSDATAFLD="Zip2" HSINVCLASS="INVALIDORANGE"
HSVALKEYUP=0 TYPE=TEXT ID="txtInsuredsZip" SIZE=15>
              </TD><TD>
              <DIV CLASS="header">Telephone</DIV>
              <INPUT TYPE=TEXT ID="txtInsuredsPhone">
              </TD><TR></TABLE> </TD>
</TR>
<TR VALIGN=TOP>
      <TD><DIV ID="htmlHeader9" CLASS="header">9. Other Insured's
Name</DIV> <INPUT TYPE=TEXT ID="txtOtherInsName"></TD>
      <TD ROWSPAN=4><DIV ID="htmlHeader10" CLASS="header">10. Patient's
Condition Related To</DIV> <INPUT TYPE=CHECKBOX ID=""> Employment?
(Current or Previous) <BR><INPUT TYPE=CHECKBOX ID="chkEmployment"> Auto-
accident? State: <SELECT
ID="cmbAccidentState"><OPTION>AL<OPTION>AK<OPTION>AZ<OPTION>AR<OPTION
SELECTED>CA
      <OPTION>CO<OPTION>CT<OPTION>DE<OPTION>DC<OPTION>FL<OPTION>GA<OPTIO
N>HI<OPTION>ID
      <OPTION>IL<OPTION>IN<OPTION>IA<OPTION>KS<OPTION>KY<OPTION>LA<OPTIO
N>ME<OPTION>MD
      <OPTION>MA<OPTION>MI<OPTION>MN<OPTION>MS<OPTION>MO<OPTION>MT<OPTIO
N>NE<OPTION>NV
      <OPTION>NH<OPTION>NJ<OPTION>NM<OPTION>NY<OPTION>NC<OPTION>ND<OPTIO
N>OH<OPTION>OK
      <OPTION>OR<OPTION>PA<OPTION>PR<OPTION>RI<OPTION>SC<OPTION>SD<OPTIO
N>TN<OPTION>TX
      <OPTION>UT<OPTION>VT<OPTION>VA<OPTION>WA<OPTION>WV<OPTION>WI<OPTIO
N>WY
      </SELECT>
<BR> <INPUT TYPE=CHECKBOX ID="chkOtherAccident"> Other accident?</TD>
      <TD><DIV ID="htmlHeader11" CLASS="header">11. Insured's Policy
Group or FECA Number</DIV> <INPUT TYPE=TEXT
ID="txtInsuredsPolicyNum"></TD>
</TR>
<TR VALIGN=TOP>
      <TD><DIV ID="htmlHeader9a" CLASS="header">9a. Tester icd
code</DIV>
      <INPUT HSTYPE="string" HSFORMAT=icdcode HSDATASRC="#hsDHTMLRDS"
HSDATAFLD="cpt4code" HSINVCLASS="INVALIDORANGE" HSVALKEYUP=0 TYPE=TEXT
ID="txtOtherInsPolicyNum"> </TD>
      <TD><DIV ID="htmlHeader11a" CLASS="header">11a. Boolean
Tester</DIV>
      <INPUT TYPE=TEXT ID="txtInsuredsDOB" HSDATASRC="#hsDHTMLRDS"
HSDATAFLD="boolean" HSTYPE="string" HSFORMAT=boolean
HSINVCLASS="INVALIDORANGE" HSVALKEYUP=0> <INPUT TYPE=RADIO
ID="optInsuredsMale"> M <INPUT TYPE=RADIO ID="optInsuredsFemale"> F</TD>
</TR>
<TR VALIGN=TOP>
```

```
<TD><DIV ID="htmlHeader9b" CLASS="header">9b. Yes No Tester</DIV>
     <INPUT TYPE=TEXT ID="txtOtherInsDOB" HSDATASRC="#hsDHTMLRDS"
HSDATAFLD="yesnocode" HSTYPE="string" HSFORMAT="yesno"
HSINVCLASS="INVALIDORANGE" HSVALKEYUP=0>
     <INPUT TYPE=RADIO ID="optOtherInsMale"> M <INPUT TYPE=RADIO
ID="optOtherInsFemale"> F</TD>
     <TD><DIV ID="htmlHeader9b" CLASS="header">11b. COB Code
Tester</DIV>
     <INPUT TYPE=TEXT ID="txtInsuredsEmployer" HSDATASRC="#hsDHTMLRDS"
HSDATAFLD="cobcode" HSTYPE="string" HSFORMAT=cobcode
HSINVCLASS="INVALIDORANGE" HSVALKEYUP=0> </TD>
</TR>
<TR VALIGN=TOP>
     <TD><DIV ID="htmlHeader9c" CLASS="header">9c. HCPCS Code
Tester</DIV>
     <INPUT TYPE=TEXT ID="txtOtherInsEmployer" HSDATASRC="#hsDHTMLRDS"
HSDATAFLD="cobcode" HSTYPE="string" HSFORMAT=hcpcscode
HSINVCLASS="INVALIDORANGE" HSVALKEYUP=0> </TD>
     <TD><DIV ID="htmlHeader11c" CLASS="header">11c. Insurance Plan or
Program Name</DIV>
                    <OBJECT ID="cmbPrimaryCoverage" WIDTH=200 HEIGHT=21
                    CLASSID="CLSID:5C9B99EA-2D59-11D2-8E1C-00104B79DD7C">
                            <PARAM NAME="VariousPropertyBits"
VALUE="679495707">
                            <PARAM NAME="DisplayStyle" VALUE="3">
                            <PARAM NAME="Size" VALUE="5821;564">
                            <PARAM NAME="MatchEntry" VALUE="1">
                            <PARAM NAME="ShowDropButtonWhen" VALUE="2">
                            <PARAM NAME="FontCharSet" VALUE="0">
                            <PARAM NAME="FontPitchAndFamily" VALUE="2">
                    </OBJECT>

     </TD>
</TR>
<TR VALIGN=TOP>
     <TD><DIV ID="htmlHeader9d" CLASS="header">9d. Insurance Plan or
Program Name</DIV> <!--<INPUT TYPE=TEXT ID="txtOtherInsPlan">-->
                    <OBJECT ID="cmbSecondaryCoverage" WIDTH=200 HEIGHT=21
                    CLASSID="CLSID:5C9B99EA-2D59-11D2-8E1C-00104B79DD7C">
                            <PARAM NAME="VariousPropertyBits"
VALUE="679495707">
                            <PARAM NAME="DisplayStyle" VALUE="3">
                            <PARAM NAME="Size" VALUE="5821;564">
                            <PARAM NAME="MatchEntry" VALUE="1">
                            <PARAM NAME="ShowDropButtonWhen" VALUE="2">
                            <PARAM NAME="FontCharSet" VALUE="0">
                            <PARAM NAME="FontPitchAndFamily" VALUE="2">
                    </OBJECT>

     </TD>
     <TD><DIV ID="htmlHeader10d" CLASS="header">10d. Time Tester</DIV>
<INPUT TYPE=TEXT ID="txt10DLocalUse" HSFORMAT=time HSTYPE=date HSSIZE=20
HSDATAFLD=txtTime HSDATASRC=#hsDHTMLRDS></TD>
     <TD><DIV ID="htmlHeader11d" CLASS="header">11d. Is there another
health benefit plan?</DIV> <INPUT TYPE=RADIO ID="optAnotherPlanYes"> Yes
<INPUT TYPE=RADIO ID="optAnotherPlanNo"> No</TD>
</TR>

<TR VALIGN=TOP>
     <TD>
            <DIV ID="htmlHeaderDateOfCurrent" CLASS="header">14. Date
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time tester</DIV><BR>
            <INPUT TYPE=TEXT ID="txtDateOfCurrent" HSFORMAT=datetime
HSTYPE=date HSSIZE=20 HSDATAFLD=txtDateOfCurrent
            HSDATASRC=#hsDHTMLRDS VALUE="" SIZE=20>
        </TD>
        <TD>
            <DIV ID="htmlHeaderDateOfFirst" CLASS="header">15. If
patient has had same or similar illness, first date</DIV><BR>
            <INPUT TYPE=TEXT ID="txtDateOfFirst" VALUE="" SIZE=10>
        </TD>
        <TD>
            <DIV ID="htmlHeaderDatesUnableToWork" CLASS="header">16.
Dates patient unable to work in current occupation</DIV><BR>
            From: <INPUT TYPE=TEXT ID="txtDateUnableToWorkFrom" VALUE=""
SIZE=10>
            To: <INPUT TYPE=TEXT ID="txtDateUnableToWorkTo" VALUE=""
SIZE=10>
        </TD>
</TR>
<TR VALIGN=TOP>
        <TD>
            <DIV ID="htmlHeaderDateOfCurrent" CLASS="header">17. Name of
Referring Physician or other source</DIV><BR>
            <OBJECT ID="cmbReferring" WIDTH=160 HEIGHT=21
              CLASSID="CLSID:5C9B99EA-2D59-11D2-8E1C-00104B79DD7C">
                <PARAM NAME="VariousPropertyBits" VALUE="679495707">
                <PARAM NAME="DisplayStyle" VALUE="3">
                <PARAM NAME="Size" VALUE="5821;564">
                <PARAM NAME="MatchEntry" VALUE="1">
                <PARAM NAME="ShowDropButtonWhen" VALUE="2">
                <PARAM NAME="FontCharSet" VALUE="0">
                <PARAM NAME="FontPitchAndFamily" VALUE="2">
            </OBJECT> <IMG SRC="Find.gif" ID="imgFindProvider">

        </TD>
        <TD>
            <DIV ID="htmlHeaderDateOfFirst" CLASS="header">17a. ID
Number of Referring Physician</DIV><BR>
            <INPUT TYPE=TEXT ID="txtIDofReferring" VALUE="" SIZE=30>
        </TD>
        <TD>
            <DIV ID="htmlHeaderDatesUnableToWork" CLASS="header">18.
Hospitalization dates related to current services</DIV><BR>
            From: <INPUT TYPE=TEXT ID="txtDateHospitalizedFrom" VALUE=""
SIZE=10>
            To: <INPUT TYPE=TEXT ID="txtDateHospitalizedTo" VALUE=""
SIZE=10>
        </TD>
</TR>

<TR VALIGN=TOP>
        <TD COLSPAN=2>
            <DIV ID="htmlHeaderFreeText" CLASS="header">19. Reserved for
local use</DIV><BR>
            <INPUT TYPE=TEXT ID="txtFreeText" VALUE="" SIZE=60>
        </TD>
        <TD>
            <DIV ID="htmlHeaderOutsideLab" CLASS="header">20. Outside
Lab?</DIV><BR>
            <INPUT TYPE=RADIO NAME="optOutsideLab"
ID="optOutsideLabYes"><LABEL FOR="optOutsideLabYes"> Yes </LABEL>
```

```
                    <INPUT TYPE=RADIO NAME="optOutsideLab"
ID="optOutsideLabNo"><LABEL FOR="optOutsideLabNo"> No </LABEL>
               $<INPUT TYPE=TEXT ID="txtOutsideLabCharge"
VALUE="" SIZE=10></TD>
</TR>

<TR VALIGN=TOP>
      <TD ROWSPAN=2 COLSPAN=2>
            <DIV ID="htmlHeaderDiagnosis" CLASS="header">21. Diagnosis
or nature of illness or injury</DIV><BR>

            <TABLE>
            <TR><TD>     <SPAN
ID="htmlDX1"></SPAN>              </TD><TD>     <SPAN
ID="htmlDX3"></SPAN>     </TD></TR>
            <TR><TD>     <SPAN
ID="htmlDX2"></SPAN>              </TD><TD>     <SPAN
ID="htmlDX4"></SPAN>     </TD></TR>
            </TABLE>

      </TD>
      <TD>
            <DIV ID="htmlHeaderResubmit" CLASS="header">22. Medicaid
Resubmission</DIV>
            <TABLE>
                  <TR><TD>Code<BR><INPUT TYPE=TEXT ID="txtResubmitCode"
VALUE="" SIZE=10></TD><TD>Orig. Ref No<BR><INPUT TYPE=TEXT
ID="txtResubmitOrigRefNo" VALUE="" SIZE=10></TD></TR>
            </TABLE>
      </TD>
</TR>
<TR VALIGN=TOP>
      <TD>
            <DIV ID="htmlHeaderPriorAuth" CLASS="header">23. Prior
Authorization Number</DIV><BR>
            <INPUT TYPE=TEXT ID="txtPriorAuth"> <INPUT TYPE=BUTTON
ID="cmdLookupPriorAuth" VALUE="Select...">
      </TD>
</TR>
<TR VALIGN=TOP>
      <TD COLSPAN=3 >
                  <TABLE ID="tblProcedures" WIDTH=100% BORDER=0
CELLPADDING=5 CELLSPACING=2 >
                  <THEAD>
                  <TR VALIGN=TOP>
                        <TH ID="thItemNumberColumn"
CLASS="serviceItem"><SPAN CLASS="requiredHeader">24</span></TH>
                        <TH ID="thDateColumn" CLASS="serviceItem">A</TH>
                        <TH ID="thPlaceOfServiceColumn"
CLASS="serviceItem">B</TH>
                        <TH ID="thTypeOfServiceColumn"
CLASS="serviceItem">C</TH>
                        <TH ID="thProcedureCodeColumn" CLASS="status"
colspan=2>D</TH>
                        <TH ID="thModifierColumn" CLASS="status">E</TH>
                        <TH ID="thDiagnosisColumn"
CLASS="serviceItem">F</TH>
                        <TH ID="thChargesColumn"
CLASS="serviceItem">G</TH>
                        <!--
                        <TH ID="thEPSDTColumn"
```

```
CLASS="serviceItem">EPSDT/<br>Family Plan</TH>
                         <TH ID="thEMGColumn"
CLASS="serviceItem">EMG</TH>
                         <TH ID="thCOBColumn"
CLASS="serviceItem">COB</TH>
                         -->
                         <TH ID="thReservedColumn"
CLASS="serviceItem">K</TH>
                    </TR>
                    <TR VALIGN=TOP>
                         <TH CLASS="serviceItem"></TH>
                         <TH CLASS="serviceItem">Date of
Service<br>(From/To)</TH>
                         <TH CLASS="serviceItem">Place</TH>
                         <TH CLASS="serviceItem">Type</TH>
                         <TH CLASS="status">Procedure
Code<BR>(CPT/HCPCS)</TH>
                         <TH CLASS="status">Modifier Codes</TH>
                         <TH CLASS="status">Diagnosis Code</TH>
                         <TH CLASS="serviceItem">Charges<br>($)</TH>
                         <TH CLASS="serviceItem">Days/<br>Units</TH>
                         <!--
                         <TH CLASS="serviceItem">EPSDT/<br>Family
Plan</TH>
                         <TH CLASS="serviceItem">EMG</TH>
                         <TH CLASS="serviceItem">COB</TH>
                         -->
                         <TH CLASS="serviceItem">Reserved For<BR>Local
Use</TH>
                    </TR>
                    </THEAD>
                    <TBODY>
                    <TR ID="trSvcItm1" VALIGN=MIDDLE>
                         <TD CLASS="serviceItem" VALIGN=MIDDLE
ROWSPAN=2><SPAN ID="htmlSvcItmNo1">1</SPAN></TD>
                         <TD CLASS="serviceItem"><SPAN
ID="htmlSvcItmDateTo1" DATAFLD="Line_Start_Date">12/12/1998</SPAN></TD>
                         <TD CLASS="serviceItem" ROWSPAN=2><SPAN
ID="htmlSvcItmPlace1" DATAFLD="Place_Of_Svc">sdf</SPAN></TD>
                         <TD CLASS="serviceItem" ROWSPAN=2><SPAN
ID="htmlSvcItmType1" DATAFLD="Type_Of_Svc"></SPAN></TD>
                         <TD CLASS="status" ROWSPAN=2><SPAN
ID="htmlSvcItmProcedureCode1"></SPAN></TD>
                         <TD CLASS="status" ROWSPAN=2><SPAN
ID="htmlSvcItmModifierCodes1">sdf</SPAN></TD>
                         <TD CLASS="status" ROWSPAN=2><SPAN
ID="htmlSvcItmDiagnosisCode1"></SPAN></TD>
                         <TD CLASS="serviceItem" ROWSPAN=2><SPAN
ID="htmlSvcItmCharges1"></SPAN></TD>
                         <TD CLASS="serviceItem" ROWSPAN=2><SPAN
ID="htmlSvcItmDaysUnits1"></SPAN></TD>
<!---
                         <TD CLASS="serviceItem"><SPAN
ID="htmlSvcItmEPSDT1"></SPAN></TD>
                         <TD CLASS="serviceItem"><SPAN
ID="htmlSvcItmEMG1"></SPAN></TD>
                         <TD CLASS="serviceItem"><SPAN
ID="htmlSvcItmCOB1"></SPAN></TD>
--->
                         <TD CLASS="serviceItem" ROWSPAN=2><SPAN
ID="htmlSvcItmReserved1"></SPAN></TD>
```

```html
				</TR>
				<TR>
					<TD CLASS="serviceItem"><SPAN
ID="htmlSvcItmDateFrom1"
DATAFLD="Line_Start_Date">12/12/1998</SPAN></TD>
				</TR>
				</TBODY>
				<TFOOT>
				<TR VALIGN=TOP>
					<TD COLSPAN=4 NOWRAP> <INPUT TYPE=BUTTON
ID="cmdAdd" VALUE="Items..."></TD>
					<TD COLSPAN=3 ALIGN=RIGHT><B>Total
Charge:</B><BR><B>Total Amount Paid:</B></TD>
					<TD ALIGN=RIGHT>$<SPAN
ID="htmlTotalCharge">100.00</SPAN><BR>
					<INPUT TYPE=TEXT ID="txtAmountPaid" SIZE=8
VALUE="$0.00" HSTYPE=currency  HSFORMAT=usmoney HSDATASRC="#hsDHTMLRDS2"
HSDATAFLD="amount" STYLE="text-align:right;"></TD>

				</TR>
				<TR VALIGN=TOP>
					<TD COLSPAN=4></TD>
					<TD COLSPAN=3 ALIGN=RIGHT><B>Balance
Due:</B></TD>
					<TD ALIGN=RIGHT>$<SPAN
ID="htmlBalanceDue">100.00</SPAN></TD>
				</TR>
				</TFOOT>
			</TABLE>
		</TD>
</TR>
<TR VALIGN=TOP>
	<TD>
		<DIV ID="htmlHeaderTID" CLASS="requiredHeader">25. Federal
Tax ID Number</DIV><BR>
		<INPUT HSTYPE="string" HSFORMAT=usssn
HSDATASRC="#hsDHTMLRDS" HSDATAFLD="fedtaxid" HSINVCLASS="INVALIDORANGE"
HSVALKEYUP=0 TYPE=TEXT ID="txtTID" VALUE="" SIZE=15>
		<INPUT TYPE=RADIO NAME="optTID" ID="optTIDisSSN"><LABEL
FOR="optTIDisSSN">SSN</LABEL>
		<INPUT TYPE=RADIO NAME="optTID" ID="optTIDisEIN"><LABEL
FOR="optTIDisEIN">EIN</LABEL>
		</TD>

	</TD>
	<TD>
		<DIV ID="htmlHeaderAcctNo" CLASS="header">26. Patient's
Account Number</DIV><BR>
		<INPUT TYPE=TEXT ID="txtAcctNo">
	</TD>
	<TD >
		<DIV ID="htmlHeaderAssignment" CLASS="requiredHeader">27.
Accept Assignment?</DIV><BR>
		<INPUT TYPE=RADIO NAME="optAssignment"
ID="optAssignmentYes"><LABEL FOR="optAssignmentYes"> Yes </LABEL>
		<INPUT TYPE=RADIO NAME="optAssignment"
ID="optAssignmentNo"><LABEL FOR="optAssignmentNo"> No </LABEL>
		<INPUT TYPE=RADIO NAME="optAssignment"
ID="optAssignmentBoth"><LABEL FOR="optAssignmentBoth"> Both </LABEL>
	</TD>
</TR>
```

```
<TR VALIGN=TOP>
        <TD COLSPAN=3>
                <TABLE><TR>
                <TD>
                        <DIV ID="htmlHeaderPlace" CLASS="requiredHeader">32.
Name and Address of facility where services were rendered</DIV><BR>
                        <TEXTAREA ID="txtPlace" COLS=50 HSDATASRC=#hsDHTMLRDS
HSDATAFLD="foo" HSTYPE="string" HSSIZE=10></TEXTAREA>
                </TD>
                <TD>
                        <DIV ID="htmlHeaderProvider"
CLASS="requiredHeader">33. Physician's/Suppliers's Billing Name,
Address, ZIP Code and Phone</DIV><BR>
                        <TEXTAREA ID="txtProvider" COLS=50></TEXTAREA>
                </TD>
                </TR></TABLE>
        </TD>
</TR>
<!--<TR>
        <TD>
                <SPAN ID="htmlHeaderFacility" CLASS="header">32. Facility
where services were rendered</SPAN><BR>
                <INPUT TYPE=TEXT ID="txtFacility" SIZE=30> <INPUT
TYPE=BUTTON VALUE="Find Provider...">
        </TD>
</TR>
-->


</TABLE>
</FORM>
</BODY>
<SCRIPT FOR="document" EVENT="onreadystatechange" LANGUAGE="JavaScript">
//hsDHTMLCtl.ParseHTMLPage();
</SCRIPT>
</HTML>
```